

APPLICATION FEE

NON-REFUNDABLE

STATE OF TENNESSEE ALCOHOLIC BEVERAGE COMMISSION

Davy Crockett Tower 500 James Robertson Pkwy, 3rd Floor Nashville, TN 37243 615-741-1602

www.tn.gov/abc

One Commerce Square 40 South Main Street 4th Floor, Suite 415 Memphis TN 38103 901-543-7284

423-634-6434

Chattanooga, TN 37402-2055



540 McCallie Avenue, Suite 341 ALL signature spaces MUST be signed and notarized.

4420 Whittle Springs Road Knoxville, TN 37917 865-594-6342

APPLICATION FOR COLLECTOR LICENSE

					Date:	, 20
Name of	f Applicant:					
Address	:		_Tel ()	Fax: <u>(</u>)
City:		State		_Zip Code:	County:	
Mailing	Address (if different from Business Ad	dress)	Cr. A	1.1	C'.	State Zip
	.ddress:					
1.	Do you collect commemorative		_			_
2.	Do you display your collection i			-	, either by appointmer	<u> </u>
3.	Do you display your collection on a regular schedule? If so, what is that schedule (you may attach a copy of the schedule)?					
4.	How do members of the public contact you in order to schedule an appointment to view your collection?					
5.	What are the addresses of the locations where you make your collection available to the public, either by appointment or a regular schedule?					
6.	Do you sell collectible alcoholic beverages for the purpose of collection?					
7.	Do you sell collectible alcoholic beverages with the intent that they will be consumed?					
8.	Do you agree to sell collectible alcoholic beverages in face to face transactions only?					
9.	Do you agree to sell collectible	alcoholic be	everages	only to person	s who are twenty-one	(21) years of age or older?
10.	Do you have any direct or indi winery, or liquor-by-the-drink li identify the licensee by name, ac	icense issue	d by the	Tennessee Ald	coholic Beverage Con	nmission? If so,

 Attach an inventory of your collection name, size and country of origin of each 		The inventory should include the brand				
12. Do you offer for sale, or do you intend to offer for sale, collectible alcoholic beverages on the Int If so, please provide the website address at which the offers will be posted.						
The applicant or applicants agrees that with Chapter 257, Public Acts of 1963, a pursuant to law, which are now, or may	and in conformity with all applical	s made will be operated in conformity ble rules and regulations made				
WARNING: "YOUR STATEMENT IS MAINFORMATION ARE GROUNDS FOR REJIPEMENT IF ISSUED. FALSE STATEMENT PENALTIES OF PERJURY UNDER TENNESS	ECTION OF APPLICATION OR SOR INCOMPLETE INFORMAT	SUSPENSION OR REVOCATION OF				
• "THE ACCEPTANCE OF FEES D	OOES NOT GUARANTEE THE ISSUANCE	E OF A LICENSE OR PERMIT" *				
Print Name of Applicant	Signature of Applicant	Date Signed				
Print Name of Owner of Establishment	Ç					
Subscribed and sworn to before me this						
My Commission Expires		ry Public				
	Nota	ry Public Notary Seal				
For TABC Validation ONLY		rodaly scal				
	Commission are Ecof its practices, whi origin, disabling control Thus, the Tenness opportunity, equal a FOR ADDIT Contact the Assistant Director	nnessee and the Tennessee Alcoholic Beverage qual Opportunity Employers. Discrimination, in any ch is based on age, race, sex, color, religion, national andition or any other nonmerit factor is prohibited. See Alcoholic Beverage Commission is an equal access, affirmative action public entity. **TONAL INFORMATION:** agency ADA Coordinator for this state agency: at 615-741-1602 or the Tennessee Office of abilities, Department of Personnel. Alternate formats at allable on request.				

AB-0097 (rev 9/14) 2 RDA 2116